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(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u>,</u>
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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M. THOMAS FEB 2 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A.M.B. Construction Services LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	l for
Please return all correspondence concerning this matter to:	
George Blanchette (Contact Person)	09 FEB
IMB Construction Services LLC (Firm/Company)	23 Ph
1858 Long Porch Dr (Address)	STATE
Longwood FZ 32779 (City/State and Zip Code)	
For further information concerning this matter, please call:	
at () (Name of Contact Person)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy	
STREET/COURIER ADDRESS: Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327)
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AMB Construction Services LLC
2. This limited liability company was organized under the laws of: Florida Egg. 3
3. The Florida document/registration number of this limited liability company is:
4. I. Mary Black, hereby resign as a Manager (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified of my
Signature of Realgring Member, Managing Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)